MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/541472	7-6-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		2					52						
3		3					53						
4							54						
5							55						
6	1		1				56						
7							57						
8		5					58						
9							59						
10							60						
11							61						
12							62						
13	1		1				63						
14							64						
15		7					65						
16							66						
17			1				67						
18							68						
19							69						
20		1					70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	16	←		←	TOTAL DEP		←		←		←
TOTAL CLAIMS			20				TOTAL CLAIMS						

C. Burt